

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **107049900**

FILING DATE **01 MAY 2002**

APPLICANT(S) *James*

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			/			
TOTAL DEP.			39			
TOTAL CLAIMS			40			

  

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						